

<i>SERFF Tracking Number:</i>	<i>NGLI-127291707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49142</i>
<i>Company Tracking Number:</i>	<i>NPNCRTDFD2008</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>
<i>Product Name:</i>	<i>2815PN</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2815PN

SERFF Tr Num: NGLI-127291707 State: Arkansas

TOI: L07G Group Life - Whole

SERFF Status: Closed-Approved-
Closed

Sub-TOI: L07G.104 Fixed/Indeterminate
Premium - Single Life - Funeral Expense

Co Tr Num: NPNCRTDFD2008 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 06/29/2011

Date Submitted: 06/27/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 06/29/2011

State Status Changed: 06/29/2011

Deemer Date:

Created By: Kim Bolinder

Submitted By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

June 27, 2011

Life & Health Division

Arkansas Department of Insurance

FILED VIA SERFF

Re: National Guardian Life Insurance Company

SERFF Tracking Number: NGLI-127291707 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 49142
Company Tracking Number: NPNCRD2FD2008
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense

Product Name: 2815PN

Project Name/Number: /

NAIC # 66583 FEIN# 39-0493780

Group Whole Life Certificate: NPNCRD2FD2008-AR

Enrollment Form: 2815PN-AR 06/11

The above captioned certificate form and enrollment form are enclosed for your approval. These forms are being submitted to determine your acceptability for issuance to residents of your state under the Group Policy, which is issued in Illinois. This product is designed for use in the pre-need market, and intended for use by licensed agents, who will sell the product to applicants in your state. These are new forms and are not intended to replace any previously approved forms.

Form NPNCRD2FD2008-AR is a whole life certificate that provides for a scheduled death benefit during the Premium Paying Period. The scheduled death benefit increases monthly. There are different options for the Premium Paying Period, three, 5 or 7 years. At the end of the Premium Paying Period, the certificate is fully paid up. The certificate death benefit then increases on a daily basis, based on a declared annual growth rate. The declared annual growth rate is not guaranteed. In addition to the death benefit, the certificate includes an unearned premium refund provision.

Application 2815PN-AR 06/11 will be used to solicit the insureds.

This certificate will not be illustrated, and will be marketed by licensed agents on a face-to-face basis.

Within the certificate, we have included a Schedule Page for the 7 year Premium Paying Period. The Death Benefit Table, showing the scheduled death benefits, can be found on Page 3a.

Your review and approval of these forms is greatly appreciated.

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com
2 East Gilman Street 608-443-5335 [Phone]
Madison, WI 53701 608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5325[Phone]	FEIN Number: 39-0493780	

SERFF Tracking Number: NGLI-127291707 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 49142
Company Tracking Number: NPNCRD2FD2008
TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense
Product Name: 2815PN
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$100.00	06/27/2011	49143378

SERFF Tracking Number:	NGLI-127291707	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	49142
Company Tracking Number:	NPNCRTDFD2008		
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name:	2815PN		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/29/2011	06/29/2011

<i>SERFF Tracking Number:</i>	<i>NGLI-127291707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49142</i>
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<i>Product Name:</i>	<i>2815PN</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NGLI-127291707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49142</i>
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<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense</i>

Product Name: 2815PN

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	List of Approved Forms		Yes
Form	LIMITED PAY WHOLE LIFE CERTIFICATE		Yes
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		Yes

SERFF Tracking Number: NGLI-127291707 State: Arkansas

Filing Company: National Guardian Life Insurance Company State Tracking Number: 49142

Company Tracking Number: NPNCRD2008

TOI: L07G Group Life - Whole Sub-TOI: L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense

Product Name: 2815PN

Project Name/Number: /

Form Schedule

Lead Form Number: NPNCRD2008

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NPNCRD2008-AR	Certificate	LIMITED PAY WHOLE LIFE CERTIFICATE	Initial		56.500	NPNCRD2008-AR.pdf
	2815PN-AR 06/11	Application/Enrollment Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY	Initial		51.800	2815PN-AR 06-11 w-brackets.pdf



National Guardian®
Life Insurance Company

A Mutual Company Incorporated in 1909
Two East Gilman Street • PO Box 1191
Madison WI 53701-1191 • Phone 800-988-0826

LIMITED PAY GROUP WHOLE LIFE CERTIFICATE

AGREEMENT	<p>This insurance Certificate provides life insurance for the Insured shown on the Schedule. The death benefit will be paid to the Beneficiary upon the death of the Insured, subject to terms of this Certificate including any assignment of rights or benefits made by You. If this Certificate is assigned in connection with a prearranged funeral plan, cancellation of the plan does not automatically cancel the Certificate.</p> <p>For information or service on this Certificate, please contact Your agent representing National Guardian Life Insurance Company or Our Home Office in Madison, Wisconsin.</p>
30-DAY RIGHT TO CANCEL	<p>You can cancel this Certificate by delivering, mailing or wiring a written notice to National Guardian Life Insurance Company, PO Box 1191, Madison, WI 53701-1191 and by returning the Certificate before midnight of the thirtieth (30th) day after the date You receive this certificate. Notice given by mail and return of the Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate to You within ten (10) days after We receive notice of cancellation and the returned Certificate. If We do not return all premiums within thirty (30) days from the date of cancellation, We will pay interest from the date of cancellation as required by the law of Your state.</p> <p style="text-align: center;">THIS IS A LEGAL CONTRACT BETWEEN YOU AND US READ YOUR CONTRACT CAREFULLY.</p>

Executed at Madison, Wisconsin on the Issue Date.


Secretary


President

Monthly Increasing Death Benefit during the Premium Paying Period
Premiums Payable For Premium Paying Period Specified On The Schedule Or Until Prior Death
Participating

GUIDE TO YOUR CERTIFICATE			
Definitions	2	Non-Forfeiture Provisions	5
Schedule of Benefits and Premiums	3,3a	Loan Provisions	5
Certificates	4	General Provisions	5,6
Premium Payment	4	Basis of Values	6
Death Benefit	4	Termination and Continuation	6
Owner and Beneficiary	4		

DEFINITIONS

Age	The Insured's Age last birthday on the Issue Date is shown on the Schedule. If the Insured's birthday is on the Issue Date, the Age shown will be the age on that birthday. Any other Age, like Age 65, means the annual date right after such age last birthday.
Beneficiary	The person(s) or entity named on Our records to receive the death benefit at the Insured's death. The Beneficiary may be changed as explained in the Certificate.
Certificate	This group life insurance certificate which evidences the Insured's coverage under the Group Policy.
Certificate Anniversary	The same date each year as the Issue Date of this Certificate.
Certificate Month	The period between the Issue Date and the first Monthly Anniversary, or from one Monthly Anniversary to another.
Certificate Owner	The person or entity that owns the Certificate as shown on Our records. The Certificate Owner is the owner of the beneficial rights granted by the Certificate.
Certificate Year	A 12-month period measured from the Issue Date of the Certificate or from one anniversary of that date to another.
Company	Refers to National Guardian Life Insurance Company.
Declared Annual Growth Rate	The initial Declared Annual Growth Rate is shown on the Schedule. The Declared Annual Growth Rate is set by and may be changed by the Company from time to time. The Declared Annual Growth Rate is not guaranteed.
Group Policy	The group life insurance policy as shown on the Schedule.
Home Office	Our Home Office at the following address: National Guardian Life Insurance Company Two East Gilman Street PO Box 1191 Madison, Wisconsin 53701-1191
Insured	The person named as Insured on the Schedule whose life is insured by this Certificate. The Insured may or may not be the Certificate Owner.
Issue Date	The date coverage is effective for this Certificate as shown on the Schedule. It is the date used to determine the suicide and contestable periods, the Certificate Anniversary and the Certificate Year.
Loans	Any amount owed Us as a result of a Loan on a Certificate, including unpaid, accrued interest.
Member	A member of the Policyholder.
Monthly Anniversary	The same date each month as the Issue Date of this Certificate.
Notice To Us	Written request or notice received at Our Home Office in a form which meets Our needs.
Policyholder	The Policyholder named on the Policy Schedule or its assignee or successor.
Premium Paying Period	The number of years during which premiums are payable, as shown on the Schedule. The Death Benefit payable during the Premium Paying Period is shown on Page 3a.
Proof	Written evidence for insurability or for other matters which require Proof.
Reinstatement Date	The date We approve the application for reinstatement of a Certificate.
Schedule	The Schedule of Benefits and Premiums on Page 3. It includes any amended Certificate Schedule or endorsement sent to You by Us.
Ultimate Certificate Amount	The Ultimate Certificate Amount is shown on the Schedule. It is the amount used to determine the death benefit after the Premium Paying Period. The Ultimate Certificate Amount may be increased after the Premium Paying Period, as follows. On each Certificate Anniversary, the amount of the increase is equal to (a) times (b); where (a) is the number of Units of Insurance multiplied by 1,000, and (b) is the Declared Annual Growth Rate. During the Certificate Year, the amount of the increase each day since the Certificate Anniversary is equal to (a) times (c); where (a) is the number of Units of Insurance multiplied by 1,000, and (c) is $1/365^{\text{th}}$ of the Declared Annual Growth Rate.
We, Our, and Us	National Guardian Life Insurance Company.
You and Your	The Owner of this Certificate.

SCHEDULE OF BENEFITS AND PREMIUMS

CERTIFICATE NUMBER [123456] ISSUE DATE [MARCH 15, 2009]

Group Policy Number [78910]

Plan	Units of Insurance	Annual Premium	Premium Paying Period	Maturity Date
Limited Pay Whole Life	[1]	[\$100.00]	[7 Years]	Life
Premium Payable:	Annually [\$142.86]	Semi-Annually [\$71.43]	Quarterly [\$35.72]	Monthly [\$11.91]

The Death Benefit during the Premium Paying Period is shown in the Table on Page 3a.

After the Premium Paying Period, the Death Benefit is the Ultimate Policy Amount defined on Page 4.

Table of Guaranteed Cash Values and Paid-Up Insurance

(Figures do not include future growth, if any)

End of Policy Year	Cash or Loan Value	Paid-Up Insurance
1	[0.00]	[0.00]
2	[38.67]	[190.68]
3	[82.47]	[390.89]
4	[128.07]	[583.65]
5	[175.50]	[769.20]
6	[224.80]	[947.88]
7	[276.01]	[1,120.00]
8	[286.71]	[1,120.00]
9	[297.74]	[1,120.00]
10	[309.08]	[1,120.00]
11	[320.75]	[1,120.00]
12	[332.76]	[1,120.00]
13	[345.11]	[1,120.00]
14	[357.81]	[1,120.00]
15	[370.86]	[1,120.00]
16	[384.25]	[1,120.00]
17	[397.96]	[1,120.00]
18	[411.96]	[1,120.00]
19	[426.22]	[1,120.00]
20	[440.73]	[1,120.00]
Age 55	[440.73]	[1,120.00]
Age 60	[517.01]	[1,120.00]
Age 65	[598.29]	[1,120.00]

Ultimate Certificate Amount: \$1,120.00

Declared Annual Growth Rate: [3%], Non-Guaranteed – Applies Only After Premium Paying Period

Loan Interest Rate: 8.00% Annually In Arrears

Guaranteed Basis Of Values:

Mortality Table: 1980 Commissioner's Standard Ordinary

Interest Rate: 5.00%

Method: 1980 CSO Standard Nonforfeiture Law Minimum

Insured: [John Doe]

Age: [35 Male]

Beneficiary: As Stated In The Application Or Last Recorded Endorsement

Owner: [John Doe]

SCHEDULE OF BENEFITS AND PREMIUMS (continued)

CERTIFICATE NUMBER [123456] ISSUE DATE [MARCH 15, 2009]

Group Policy Number [78910]

DEATH BENEFIT TABLE

The benefit shown is for the total number of Units of Insurance purchased.

<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>	<u>Policy Month</u>	<u>Death Benefit</u>
1	\$12.27	29	\$365.58	57	\$757.25
2	24.54	30	378.96	58	771.17
3	36.81	31	392.34	59	785.08
4	49.08	32	405.72	60	799.00
5	61.35	33	419.10	61	812.58
6	73.62	34	432.48	62	826.17
7	85.89	35	445.86	63	839.75
8	98.16	36	459.24	64	853.33
9	110.43	37	473.64	65	866.92
10	122.70	38	488.03	66	880.50
11	134.97	39	502.43	67	894.08
12	147.24	40	516.83	68	907.67
13	159.86	41	531.22	69	921.25
14	172.48	42	545.62	70	934.83
15	185.10	43	560.02	71	948.42
16	197.72	44	574.41	72	962.00
17	210.34	45	588.81	73	975.17
18	222.96	46	603.21	74	988.33
19	235.58	47	617.60	75	1,001.50
20	248.20	48	632.00	76	1,014.67
21	260.82	49	645.92	77	1,027.83
22	273.44	50	659.83	78	1,041.00
23	286.06	51	673.75	79	1,054.17
24	298.68	52	687.67	80	1,067.33
25	312.06	53	701.58	81	1,080.50
26	325.44	54	715.50	82	1,093.67
27	338.82	55	729.42	83	1,106.83
28	352.20	56	743.33	84	1,120.00

CERTIFICATES

Eligibility	Only a Member and the Member's spouse are eligible for insurance coverage under the Group Policy.
Insurability	The Company may require evidence of insurability for any Member or Member's spouse to be insured under the Group Policy.

PREMIUM PAYMENT

Premiums	The payments needed to keep this Certificate in full force as shown on the Certificate Schedule. You must pay each premium at Our Home Office or to any person We authorize to collect premiums.
Premium Due Dates	Premiums are payable in advance during the Insured's lifetime. The first one is due on the Issue Date. Each subsequent premium is due when the period covered by the preceding premium ends. Premiums may be paid in any mode shown on the Schedule.
Unearned Premium Refund	We refund any unearned premium at the time of the Insured's death. It is paid to the Beneficiary. Unearned premium is any amount paid beyond the month of the Insured's death.
Grace Period	We will keep this Certificate in full force for 31 days after each premium due date. Any past due premium will be deducted from the benefits payable if the Insured dies within the grace period.
Lapse or Termination	If the premium is not paid by the end of 31 days after the due date, the Certificate will terminate as of that date, unless it has Net Cash Value. If it has Net Cash Value, the Lapse Benefits will then apply.

DEATH BENEFIT

Amount of Death Benefit	<p>We pay a benefit if the Insured dies while covered under this Policy. The amount of the death benefit depends on: (1) the Premium Paying Period selected by You; and (2) the date of death of the Insured.</p> <ul style="list-style-type: none"> • During the Premium Paying Period: The death benefit is the amount shown in the Death Benefit Table for the Policy Month in which death occurs, less any Loans. • After the Premium Paying Period: The death benefit is the Ultimate Policy Amount on the date of death less any Loans.
Proof of Death	We will pay the death benefit within thirty (30) days after We receive Proof at Our Home Office of the Insured's death. If We wait more than thirty (30) days to pay death benefits, interest at the guaranteed rate, or such other rate as may be required by applicable state law if such a rate is greater, will be added for the time We waited.
Suicide Exclusion	If the Insured commits suicide within two (2) years after the Issue Date, the amount We pay will be limited. We will return all premiums paid less Loans.

OWNER AND BENEFICIARY

Ownership Rights	You may exercise all the rights and privileges given by this Certificate while the Insured is living. The consent of any Beneficiary who is irrevocably named is needed to exercise any Certificate rights. If You should die, and are not the Insured, the Insured will become the Owner unless You have named a contingent Owner.
Beneficiary	You may designate or change one or more primary Beneficiaries or contingent Beneficiaries while the Insured is living in accordance with the Changing the Owner or Beneficiary provision. When the insured dies We will pay the proceeds to the primary Beneficiary. If no primary Beneficiary is then living, We will pay the proceeds to the contingent Beneficiary. If no Beneficiaries survive the Insured, You will be the Beneficiary unless You are the Insured. If You are the Insured, We will pay to Your estate. If either class of Beneficiaries includes two or more persons, proceeds will be payable in equal shares to those who survive the Insured, or all to the last survivor. You may direct a different method by Notice to Us while the Insured is living.
Changing the Owner or Beneficiary	You may change the Owner or Beneficiary by Notice To Us (unless You have previously given up this right by prior Notice to Us). A change of Owner will not, of itself change the Beneficiary. The change will be subject to any assignment of this Certificate or other legal restrictions. Such change will then take effect on the date it was signed, or the date specified in the Notice to Us. It will not apply to any payments made by Us or action taken by Us before Notice to Us.
Assignments	You may transfer ownership rights to someone else. The assignment is not binding on Us until We receive a signed copy of it at Our Home Office. We are not responsible for the validity of any assignment. Your rights and the interest of any Beneficiary or any other person will be subject to the assignment.

NONFORFEITURE PROVISIONS

Cash Surrender Value	<p>The Cash Surrender Value is determined by the Cash or Loan Value shown in the Table of Guaranteed Values. The table does not include adjustments for due and unpaid premiums or any Loans which will be deducted from the guaranteed benefit to determine the Cash Surrender Value. If the Certificate is in force after lapse, the Cash Surrender Value at any time is the reserve for the insurance provided. See Basis of Values.</p> <p>The Cash Surrender Value is computed as of the effective date of surrender. However, in two situations the Cash Surrender Value is computed as of an earlier date. First, if the Certificate is surrendered within 62 days after the due date of any unpaid premium, the value will not be less than it was on that due date. Second, if it is surrendered within 30 days after the Certificate Anniversary whole Paid-Up Life Insurance is in effect, this value will not be less than it was on that Certificate Anniversary. We use these earlier dates only if a higher Cash Surrender Value results.</p>
Lapse Benefits	The Certificate will lapse as of the due date of any premium not paid by the end of the 31-day grace period. The Certificate will terminate unless there is some unused loan value as of the date of lapse. Any unused loan value as of the date of lapse will be used to provide Reduced Paid-Up Life Insurance.
Certificate Rights after Lapse	While this policy is in force as Paid-Up Life Insurance, all rights granted by it are still available, unless this policy states otherwise.
Reinstatement	<p>This policy may be put back in full force within five (5) years of the lapse date unless it was surrendered for its Cash Surrender Value. All Policy Loans must be paid or reinstated with interest at 8% per year from the lapse date. Further requirements depend on when this policy is reinstated.</p> <ul style="list-style-type: none"> • Prompt Reinstatement. This is reinstatement within 31 days after the end of the grace period. Evidence of insurability is not required. All overdue premiums must be paid. • Later Reinstatement. This is reinstatement more than 31 days after the end of the grace period. Evidence of insurability satisfactory to Us is required. All overdue premiums must be paid with interest at 8% per year from the due date to the date of reinstatement.
Surrender Benefits	The Certificate may be surrendered for its entire Cash Surrender Value at any time before the Insured dies. Surrender will take effect on the date of Notice To Us or the date specified in the Notice To Us.
Payment of Surrender Benefits	The Cash Surrender Value will be paid in one sum. We may delay in paying the Cash Surrender Value for up to six (6) months after Notice To Us.
Reduced Paid-Up Life Insurance	This is a level amount of paid-up insurance for the lifetime of the Insured. It is the amount purchased by the unused Loan Value on the date of lapse.

LOAN PROVISIONS

Loans	You may obtain a Loan from Us while this Certificate is in force. This Certificate is the only security needed for a Loan. We will make a Loan only after We receive a request signed by You. We may delay granting any Loan for up to six (6) months except when made to pay premiums.
Loan Interest	The interest rate on Certificate Loans is 8% per year. Interest is due in arrears on each Certificate Anniversary. If not paid when due, interest will be added to the Certificate Loan and will bear interest at the same rate.
Loan Value	<p>The Loan Value is the maximum amount that may be borrowed under one or more Loans. The Loan Value will be the largest amount which, with interest to the next Certificate Anniversary does not exceed the Cash Value on such date. The unused Loan Value is equal to the Loan Value less the total current Loan(s).</p> <p>We will terminate the Certificate if the Cash Surrender Value is reduced to zero. We will mail a written notice of termination to You and any Assignee shown in Our records at their last known address. The Certificate will terminate 31 days after We send the notice unless We receive an amount that will increase the Cash Surrender Value to a positive amount.</p>
Loan Repayment	Loans may be repaid in full or in part at any time. Loans will be deducted from the Certificate Amount when calculating the death benefit.

GENERAL PROVISIONS

Contract	We have issued this Certificate in return for the enrollment form and the payment of the first premium. This Certificate is a legal contract between You and the Company. The entire contract consists of the Group Policy, the application for the Group Policy, this Certificate, and the enrollment form attached thereto, any supplemental applications or amendments, and any attached riders and endorsements to the Group Policy or the Certificate. Any change or waiver of its terms must be in writing and signed by Our President or Secretary to be effective. No agent can alter or waive any provision of this contract.
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GENERAL PROVISIONS (continued)

Representations	We rely on all statements made by or for the Insured in an application. Legally, these statements are representations and not warranties. We will not use any statement to contest the validity of the Certificate or to deny a claim unless it is in writing and in the enrollment form or reinstatement application.
Contestability	For statements made in the enrollment form, We will not contest the Certificate after it has been in force for two years after the Issue Date, during the lifetime of the Insured. For statements made in a reinstatement application, We will not contest the Certificate after it has been in force for two years from the Reinstatement Date during the lifetime of the Insured. We may contest the death benefit at any time for non-payment of premiums.
Age and Sex	If the date of birth or sex of the Insured given in the enrollment form is not correct, We will change all amounts payable to the amounts which the premiums paid would have purchased at the correct Age or sex.
Dividends	As long as this Certificate is in force other than as Reduced Paid-Up Insurance, You will receive the dividends We declare, if any, in cash annually.

BASIS OF VALUES

We use the rates from the Mortality Table shown in the Schedule of Benefits and Premiums to compute the Cash or Loan Values. These mortality rates are also used to compute the amount and value of any Reduced Paid-Up Life Insurance benefits. The Cash or Loan Values and the Reduced Paid-Up Life Insurance Values are shown in the Schedule of Benefits and Premiums.

Our calculations are based on continuous functions and immediate payment of death claims. We have filed a detailed statement of the method We use to compute Certificate values with the state where this Certificate was delivered. All these values and benefits are equal to or greater than those required by the laws of that state.

TERMINATION AND CONTINUATION

Termination of Insurance	Coverage under the Certificate will end on the earliest of the following events: (a) the Insured dies; (b) the Certificate is surrendered for cash; (c) Loans equal or exceed the Cash or Loan Value.
Continuation of Insurance	Notwithstanding termination of the Group Policy, the rights and benefits of all Certificate Owners shall continue. Should the Group Policy terminate, this Certificate, if then in force shall be deemed converted to an individual policy and coverage will continue in force according to the terms of the Certificate.
Termination of New Coverage	At any time upon at least ninety (90) days prior written notice to the other, the Policyholder or the Company may stop offering this insurance product. Until such time, all new Members of the Policyholder who are eligible for and apply for insurance will be added to the group of Insured Members.
Termination of Group Policy	The Group Policy will terminate upon the earlier of: (a) the date specified by Us; or (b) the date the Policyholder is no longer in existence.

**Please refer to any attached applications or riders for additional Contract language.
This marks the end of the base Contract language.**

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

2815PN-AR 06/11 Series 9

National Guardian Life Insurance Company (NGL) - Phone 800.988.0826 - Fax 866.228.9927
Two East Gilman Street - PO Box 1191 - Madison WI 53701-1191

Mail Policy To:

- ☐ Agent
☐ Funeral Home
☐ Owner (Default)

PROPOSED INSURED/ANNUITANT☐ MALE ☐ FEMALE

First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name MI Last Name Social Security Number Relationship to Insured

OWNER MAILING ADDRESS

Street Address City State Zip Email Address

PAYMENT PLAN

Funeral Price \$ Face Amount \$ This Policy will fund a: ☐ Burial ☐ Cremation ☐ Other

☐ Single Pay Life ☐ Flexible Annuity \$

Multi Pay Life: ☐ 3 Year ☐ 5 Year ☐ 7 Year

The Multi Pay Life plan has a limited death benefit for the number of premium paying years selected. The full benefit is paid for accidental death.

Initial Premium + Multi Pay Premium = Total Premium Amount (with app)

\$ \$ \$

PAYMENT MODE ☐ Annual ☐ Semi-Annual

☐ Quarterly ☐ Monthly Direct ☐ EFT*

*Complete the premium withdrawal authorization

DIRECTION FOR PAYMENT OF PROCEEDS (DO NOT COMPLETE UNTIL YOU HAVE READ THE LAST PAGE OF THIS FORM FOR IMPORTANT INFORMATION)

Name of Funeral Provider Street Address City State Zip

Name of Primary Beneficiary Street Address City State Zip Relationship to Insured

APPLICANT SIGNATURES

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.**

IRREVOCABLE ASSIGNMENT: I elect to assign this Policy subject to the terms of the Irrevocable Assignment of Policy on the last page of this form. Owner Initials (Initial only if the Policy should be irrevocably assigned.)

Signed At State

Signature of Proposed Insured/Annuitant Date Signature of Owner (Required if other than Insured) Date

AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent Signature Agent Name Printed NGL Agent # ☐ Check here for Agent Split and see last page.

DIRECTION FOR PAYMENT OF PROCEEDS: By naming a Funeral Provider under the **DIRECTION FOR PAYMENT OF PROCEEDS**, you agree to the following: NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named, if any, on the front of this form. NGL will only pay the Funeral Provider upon receipt of proof that funeral merchandise and services have been provided. **You may change these directions at any time before the funeral is provided by giving written notice to NGL.** In the event that NGL rescinds or declines to issue the Policy, you also assign the following to the Funeral Provider: (1) The right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided; (2) The right to compromise claims; and (3) The right to agree to rescission.

IRREVOCABLE ASSIGNMENT OF POLICY: If initialed, you agree to the following: Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following: (1) The assignment of death benefit proceeds is permanent and cannot be changed by the Owner; (2) The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid; and (3) The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

AGENT SPLIT DESIGNATION: Please list any agents not included in the **AGENT'S STATEMENT** section.

Agent listed in **AGENT'S STATEMENT** % _____

Additional Agent Signature

Additional Agent Name Printed

Additional NGL Agent # %

ACKNOWLEDGMENT OF PAYMENT: This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE: When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. In the event that the payment is not honored, NGL has the right to re-present the transaction. For inquiries please call 1-800-988-0826.

FRAUD WARNING STATEMENT

For Residents of Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SERFF Tracking Number:	NGLI-127291707	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	49142
Company Tracking Number:	NPNCRTDFD2008		
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name:	2815PN		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachments:		
AR - COC NPNCRTDFD2008-AR.pdf		
AR - COR 2815PN.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	Not Applicable	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	
Comments:		
Attachment:		
AR-SOV.pdf		

	Item Status:	Status Date:
Satisfied - Item:	List of Approved Forms	
Comments:		
Attachment:		
AR- List of approved forms-GRP-2815PN.pdf		



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

I, **Mathew J. Dew**, an officer of ***National Guardian Life Insurance Company***, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

Mathew J. Dew

Signature

June 27, 2011

Date

Mathew J. Dew

Vice President and General Counsel

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

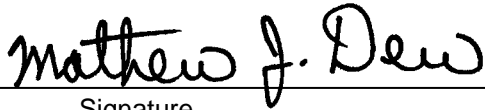
Phone #: (608) 443-5335

Email: kabolinder@nglic.com

CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of National Guardian Life Insurance Company,
certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
NPNCRTDFD2008-AR	56.5
2815PN-AR 06/11	51.8



Signature

June 27, 2011

Date

Mathew J. Dew

Vice-President & General Counsel



NATIONAL GUARDIAN LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

Re: NPNCRDTDFD2008-AR

The following information on the Schedule of Benefits and Premiums is bracketed as variable:

1. Certificate Number – individual number as assigned at issue
2. Issue Date – varies depending on date certificate is issued
3. Certificate Amount – minimum= \$500 maximum= \$25,000
4. Premium Amounts – vary depending on certificate amount selected
5. Years Payable – Currently 3, 5 and 7 year plans are available on multi-pay.
6. Maturity Date – certificate matures at age 121. Since this age is well beyond life expectancy we use “Life” as the maturity date.
7. Guaranteed Values – vary depending on certificate amount selected
8. Declared Annual Growth Rate currently 2.5%, Non-guaranteed.
9. The following fields are variable due to individual identification of insured: Insured, Age, Owner.

Please note we have bracketed one area of application 2815PN-AR 06/11 for variability.

1. The Payment Plan field is bracketed so that we may add or delete a plan or payment mode.



NGL Insurance Group

RE: National Guardian Life Insurance Company
NAIC # 66583 FEIN# 39-0493780

Application Form: **2815PN-AR 06/11**

We anticipate that our initial use of this application will be with the following forms:

FORM NAME	APPROVAL DATE
NPNCERTSP2002	11/21/02
NPNCRTFPA2008	08/21/08